METHOD OF MANUFACTURING COMPOSITE VEHICLE PANELS

Attorney Docket No: 7719-108

Express Mail" mailing label number: EV 339 725 701 US

Date of Deposit: December 30, 2003

BRINKS HOFER GILSON &LIONE

UTILITY PATENT APPLICATION TRANSMITTAL

MS Patent Application Commissioner for Patents U.S. Patent and Trademark Office P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

- 1. Specification, including 16 pages of application (including claims and Abstract), 7 sheet(s) of drawings, and the following Appendices:
- 2.
 ☐ Combined Declaration and Power of Attorney (2 pages) (☐ Executed ☐ Unexecuted)
- 3. Information Disclosure Statement, including Form PTO-1449 (_____ sheets) and copies of references cited
- 4. Assignment Recordation Cover Sheet and attached assignment to: ______
- 6. Return Postcard
- 7. Fee calculation and payment:

Claims as Filed	Col. 1	Col. 2		
For	No. Filed	No. Extra		
Basic Fee				
Total Claims	19-20	0		
Indep. Claims 3-3 0				
Multiple Dependent Claims Present				

*If the difference in col. 1 is less than zero, enter "0" in col. 2:

Rate	Fee
	\$ 385
x\$9=	\$
x\$43=	\$
+\$145=	\$

Small Entity

Total \$

or or or or

Other	Than
Small	Entity

Rate	Fee		
	\$	770	
x\$18=		\$0	
x\$86=		\$0	
+\$290=		\$0	
Total	\$7	70.00	

A check in the amount of \$770.00 to cover the filing fee is enclosed.

Please charge my Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed.

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
 - Any additional filing fees required under 37 CFR § 1.16.
- The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittal is enclosed.
 - Any filing fees under 37 CFR § 1.16 for presentation of extra claims.
 - Any patent application processing fees under 37 CFR § 1.17.
- 8. Correspondence Address: Please address all future communications to:

David D. Murray BRINKS HOFER GILSON & LIONE P.O. Box 10395

Chicago, IL 60610 (734) 302-6000

Respectfully submitted,

December 30, 2003

David D. Murray (Reg. No. 28,647)

37 C.F.R. 1.34(a)

BRINKS HOFER GILSON & LIONE P.O. Box 10395, Chicago, IL 60610

10/748469

re Application of: John C. Montagna and Leslie E. Smith

For: METHOD OF MANUFACTURING COMPOSITE VEHICLE PANELS

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4. Assignment Recordation Cover Sheet and attached assignment to: 5. Other: 6. Return Postcard 7. Fee calculation and payment: Claims as Filed Col. 1 Col. 2 Small Entity For No. Filed No. Extra Basic Fee Total Claims 19-20 0	2. 🛛	Combined Decla	ration and Po	wer of Attomey	(2 pages) (⊠ Exe	cuted 🔲 U	nexed	cuted)	
5. Other: 6. Return Postcard 7. Fee calculation and payment: Claims as Filed Col. 1 Col. 2 Small Entity Small Entity For No. Filed No. Extra Basic Fee	3. 🔲	Information Disc	losure Statem	ent, including F	orm PTO-1449 (sheets) and	copies of referenc	es cited
6. Return Postcard 7. Fee calculation and payment: Claims as Filed Col. 1 Col. 2 Small Entity For No. Filed No. Extra Basic Fee State S	4. 🔲	Assignment Rec	ordation Cove	er Sheet and att	ached assignment	to:		·	
7. Fee calculation and payment: Claims as Filed Col. 1 Col. 2 Small Entity Small Entity For No. Filed No. Extra Basic Fee \$ 385 or \$ 770 Total Claims 19-20 0 Indep. Claims 3-3 0 Multiple Dependent Claims Present *If the difference in col. 1 is less than zero, enter "0" in col. 2. A check in the amount of \$770.00 to cover the filing fee is enclosed. Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is enclosed. Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is enclosed.	5. 🔲	Other:							
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Rate Fee or Rate Fee \$ 770	(Claims as Filed	Col. 1	Col. 2	Small Ent	ity		Small Ent	ity
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Total Claims 19-20 Indep. Claims 3-3 Multiple Dependent Claims Present *If the difference in col. 1 is less than zero, enter "0" in col. 2. A check in the amount of \$770.00 to cover the filing fee is enclosed. Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is enclosed.	<u> </u>		76 4 8 1 31		多、智思及沙理 或	\$ 385	or	3848	\$ 770
Indep. Claims 3-3 0 x\$43= x\$43= or x\$86= \$0 H\$145= or +\$1290= \$0 Total Total Total Please charge my Deposit Account No. 23-1925 in the amount of \$ A copy of this Transmittal is enclosed.	<u> </u>		19-20	0		\$	or	x\$18=	\$0
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communication or credit any overpayment to Deposit Account No. 23-1925. A copy of this Transmittan's enclose									
Any additional filing fees required under 37 CFR § 1.16.		Any additi	ional filing fee	s required unde	er 37 CFR § 1.16.				

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David D. Murray **BRINKS HOFER GILSON & LIONE** P.O. Box 10395 Chicago, IL 60610 (734) 302-6000

Respectfully submitted,

December 30, 2003	
Date	

David D. Murray (Reg. No. 28,647) Attorney/Agent Of Record

☐ 37 C.F.R. 1.34(a)